

Revision: HCFA-PM-91-4 (BPD)  
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ATTACHMENT 3.1-A  
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OMB NO.: 0938-

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).  
☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not provided.
22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).  
☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.
23. Certified pediatric or family nurse practitioner's services.  
☒ Provided: ☐ No limitations ☒ With limitations\*
24. Clinical Pharmacist Practitioner's services.  
☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

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6.d. Other Practitioners' Services:

Pharmacist

North Carolina licensed pharmacists employed by North Carolina registered and Medicaid enrolled pharmacies may administer seasonal influenza vaccine, pneumococcal polysaccharide or pneumococcal conjugate vaccines, herpes zoster vaccine, hepatitis B vaccine, meningococcal polysaccharide or meningococcal conjugate vaccines and tetanus-diphtheria, tetanus and diphtheria toxoid vaccines within the scope of their practice.

Clinical Pharmacist Practitioners

North Carolina licensed and certified clinical pharmacist practitioners employed by North Carolina registered and Medicaid enrolled clinics, hospitals, and pharmacies may provide services within a scope of practice as outlined by protocol and with supervision of an actively licensed physician

A) Criteria for Medicaid Coverage of Clinical Pharmacist Practitioner Services means that the services are:

- 1) provided in accordance with the scope of practice as defined by the State Board of Pharmacy;
- 2) performed by clinical pharmacist practitioners who are duly licensed to practice pharmacy and are approved by the Board of Pharmacy as "Clinical Pharmacist Practitioners"; and
- 3) performed under the supervision of a physician licensed in the State of practice.
- 4) Or, performed by pharmacists employed by a federally recognized tribe.

B) Coverage Limitations for Clinical Pharmacist Practitioner Services

Medical services must be performed in accordance with the clinical pharmacist practitioners scope of practice and signed protocols, as follows:

- 1) By Clinical Pharmacist Practitioners in practice
- 2) For DMA approved procedures developed for use by Clinical Pharmacist Practitioners.
- 3) Subject to the same coverage limitations as those in effect for Physicians.

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): all

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

X Provided:    No Limitations X With Limitations\*

b. Optometrists' Services

X Provided:    No Limitations X With Limitations\*

c. Chiropractors' Services

X Provided:    No Limitations X With Limitations\*

d. Other Practitioners' Services

X Provided:    No Limitations X With Limitations\*

Nurse Practitioner criteria described in Appendix 5 of Att. 3.1-A.

Clinical Pharmacist Practitioner criteria described in Attachment 3.1-A.

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

X Provided:    No Limitations X With Limitations\*

b. Home health aide services provided by a home health agency.

X Provided:    No Limitations X With Limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

X Provided:    No Limitations X With Limitations\*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

X Provided:    No Limitations X With Limitations\*

\*Description provided on attachment.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance  
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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Clinical Pharmacist Practitioner Services:

Payments for Clinical Pharmacist Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Clinical Pharmacist Practitioner Services Fee Schedule. The agency's rates were set as of January 1, 2018 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Clinical Pharmacist Practitioner Services are reimbursed at 100 percent of the Medicaid Physician Services Fee Schedule in effect.

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